MDPB Minutes March 21, 2001

Members present:, J. Burton, D. Ettinger, S. Diaz, K. Kendall, B. Callamore, E Smith, P. Liebow, D. Stuchiner

MEMS Staff: J. Bradshaw

Regional Coordinators: J. LeBrun, Bill Zito, Rick Petrie

Guests: J. Regis

Item	Discussion	Action	Follow-up
Previous minutes: 02/21/01	None	Adopted	None.
New Business 1. Medical Protocol Reviews	New protocols and old protocols for prehospital protocols were discussed and edited.	Proposed changes edited and adopted.	Protocol will be added to new book in fall, 01.
	Miscellaneous: Air ambulance information needs to be added – LZ setup infor and other items as fit for inclusion.	Members agreed that this would be good addition.	Burton will contact LOM et al for draft of info and return to MDPB for review and approval. April Agenda item.
	Respiratory: Discussion of Bipap and LMA.	LMA support.	Burton will separate LMA for discussion in future agenda. April Agenda item.
	Cardiac: 12l ekg protocol. Discussed AHA stance vs reality of Maine system, particularly b/i/paramedic acquisition.	Basics should not be acquiring 12l ecg. Change utilization to "encouraged" R4.	
	-Place Viagra warning at top of page, R1R10, stable wct should be amiodorone for 1st drug, electricity changes.	-R1 changeKendall will send final draft to Burton.	
	Toxicology: Y4, IM narcan removed. Change dosing to 0.2 mg increments to max of 2 mg.	-Y4, Narcan titrated IV,ET at 0.2mg increments (to maximum 2mg), to restore normal respiratory rate (be aware that patient may become combative, and may need restraint.)	

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Medical protocols (cont.)	Pediatric: P1, narcan should be weight basedP3, #11 – correct narcan as aboveP9, add Amiodorone IV/IO 5mg/kg -P12, #5 – change action to HR: >100 observe: O2; 60-100: ventilation with 100% O2; <60: begin chest compressions.	-P1, #8 0.01 mg/kg, if no response, then 0.1mg/kg (maximum 2mg).	
	-P6/P8 – need some language addressing importance of BVM relative to ET and discouraging repeat ET attemptsP8, Purple 3 – remove IO age limitP6, Leave cricothyrotomy as is for now.	-P6/P8 - Burton and Ettinger will work offline to develop this statement for ET vs BVM in peds.	
	Trauma: discussion re: the spinal assessment protocol – group has many issues with this protocol. Noted the development of this protocol by Goth.		Burton will contact Goth and MDPB will address as separate issue on Agenda. Item for April Agenda.
	Definitions: P1, "Advanced Airway" means enodtracheal intubation or other skill approved by the MDPB. -Central lines, language as change previously to and/or. -IO, remove age limit.		
	-IV, means the ability to obtain IV access, -IV, should be changed to "IV fluid." -Fluid challenge, 20cc/kg for children and 500cc for adults x1.		
	Forward: Should be changed to FOREWORD. -B3, Delete parentheses regarding regional protocols. -B5, 14c, change physicians to physician		

2. V Fib Review	Grey: DNR – McGinnis changes. -G19, Remove right side of transport protocol. -G24, Add amiodorone to list. -G23, Add in Biphasic or equivalent with manufacturers settings statement. -G21, Helmet removal White 5 – Add in ACEP rep. Entire Body – change "ALS backup" to "Critical Care/Paramedic Backup" Discussed the Vfib protocol for final discussion. Items discussed included amiodorone vs lidocaine, recent Currents online article, cost of amiodorone.	Need for helmet protocol – when to remove. Group reviewed protocol adopted in January. No change to previously adopted Vfib protocol with amiodorone as first line drug.	Item for April agenda. Diaz will develop this for discussion.
3. Legislative Update	Group reviewed the proposed legislative items and progress to date. Tabled for future discussion.		
4. C-spine assessment			
Other Business 1.Decert/recert/cert	No changes to date. There is some discussion a bill in the legislature advancing a blue ribbon commission to externally evaluate Maine EMS structure.	None.	Return of AG opinion in April.
Protocols			

Next meeting 4/18/2001 (0930 - 1230)		